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National Bureau of Statistics

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2017-18 HOUSEHOLD BUDGET SURVEY (2017-18 HBS)
FORM 1

**SECTION 1 - 9: DEMOGRAPHIC; PARENTS' SURVIVORSHIP AND EDUCATION AND EMPLOYMENT STATUS; BIRTH DELIVERY AND BREAST FEEDING; CITIZENSHIP AND MIGRATION; EDUCATION;
LITERACY; HEALTH; DISABILITY; LABOUR STATUS**

SECTION A: HOUSEHOLD IDENTIFICATION

CODE

1. REGION: _____

2. DISTRICT: _____

3. WARD / SHEHIA: _____

4. VILLAGE/STREET: _____

5. ENUMERATION AREA (EA): _____

6. HOUSEHOLD ID CODE (FROM LIST): _____

7. NAME OF COMMUNITY LEADER: _____

8. PHONE NO. OF COMMUNITY LEADER: _____

9. NAME OF HOUSEHOLD HEAD: _____

10. PHONE NO. OF HOUSEHOLD HEAD: _____

11. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY?

12. RESULT OF INTERVIEW:

MARK BOX WITH AN 'X' AND NUMBER OF FORMS
BELOW IF YOU USE MORE THAN THIS SINGLE FORM
TO COLLECT INFORMATION FROM THIS HOUSEHOLD.
IF SO, BE SURE TO MARK IN THE SAME WAY THE
OTHER FORMS USED FOR THIS HOUSEHOLD

FORM ____ OF ____

	DEGREE	MINUTES	SECONDS
LATITUDE	<input type="text"/>	<input type="text"/>	<input type="text"/>
LONGITUDE	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALTITUDE (M)	<input type="text"/>	<input type="text"/>	<input type="text"/>

YES..1 NO..2

NUMBER OF HOUSEHOLD SELECTED BEFORE

- Agreed to be Interviewed.....1
- No Household Member at Home or no Competent Respondent at Home at Time of Visit.....2
- Entire Household Absent for Extended Period of Time.....3
- Postponed.....4
- Refused.....5
- Dwelling Vacant or Address not a Dwelling...6
- Dwelling Destroyed.....7
- Dwelling Not Found.....8
- Other (Specify).....9

ENUMERATOR'S OPINION

TIME TO START THE INTERVIEW

TIME MINUTES

SECTION A-2: SURVEY STAFF DETAILS

IDENTIFICATION:

A14 A14. NAME OF ENUMERATOR: _____

A15 A15. ENUMERATOR CODE:

A16 A16. DATE OF INTERVIEW:

	DD	MM	YY	FORM	RESULTS
First Visit	/	/			
Second Visit	/	/			
Third Visit	/	/			
Fourth Visit	/	/			
Fifth Visit	/	/			
Sixth Visit	/	/			
Seventh Visit	/	/			
Eighth Visit	/	/			
Ninth Visit	/	/			
Tenth Visit	/	/			
Eleventh Visit	/	/			
Twelve Visit	/	/			
Thirteenth Visit	/	/			
Fourteenth Visit	/	/			

OBSERVATIONS ON THE INTERVIEW
RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

		SECTION 1: RESPONDENTS CHARACTERISTICS											
		ALL AGES											
		LIST OF HOUSEHOLD MEMBERS	1.1	1.2	1.3								
I N D I V I D U A L I D	<p>IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:</p> <p>FIRST, ASK NAMES OF ALL THE MEMBERS OF THE IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD FILL IN QUESTIONS 1.1 TO 1.7</p> <p>THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. FILL IN QUESTIONS 1.1 TO 1.7</p> <p>ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING. FILL IN QUESTIONS 1.1 TO 1.7.</p> <p>THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS. FILL IN QUESTIONS 1.1 TO 1.7</p> <p>IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.</p>	NAME	What is [NAME]'s relationship to the head of household?	Sex	In what month and year was [NAME] born?								
		LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.	Head.....1 Spouse.....2 Son /Daughter.....3 Son/Daughter In-Law.....4 Grandchild.....5 Parent.....6 Parent-In-Law.....7 Brother or Sister.....8 Co-Wife.....9 Other Relative.....10 Adopted/Foster.....11 Step Child.....12 Live-In Servant.....13 Other Non-Relative (Specify).....14 Don't Know.....98	M..... 1 F..... 2	<p>LANDMARK EVENTS</p> <p>Beginning of British Colonial Rule in Tanganyika.... 1919 Beginning of 2nd World War..... 1939 End of 2nd World War..... 1945 Birth of TANU..... 1954 Tanganyika Independence Day..... 1961 Zanzibar Revolution..... 1964 Arusha Declaration..... 1967 Birth of Chama Cha Mapinduzi..... 1977 Kagera War..... 1978 Retirement of the First President of Tanzania..... 1985</p> <p>IF MONTH AND/OR YEAR OF BIRTH IS DON'T KNOW WRITE '98' IN MONTH AND '9998' IN YEAR</p> <p>1.3A 1.3B</p> <table border="1"> <tr> <td colspan="2">1.3 A -</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	1.3 A -		YEAR					
		1.3 A -		YEAR									
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SECTION 2: PARENTS' SURVIVORSHIP, EDUCATION, AND EMPLOYMENT STATUS				
ALL AGES				
2.1	2.2	2.3	2.4	2.5
Where is [NAME]'s biological father? MEMBER OF HOUSEHOLD WRITE ID NUMBER Living Inside Household.....95 Living Outside Household.....96 Dead.....97 Don't Know.....98 <div style="border: 1px solid black; padding: 5px; width: fit-content;"> 2.1 A. IF FATHER IS A MEMBER OF THE HOUSEHOLD WRITE HIS ID NUMBER AND ► Q2.6 </div>	How many years of schooling does/did [NAME]'s father have? NO SCHOOLING..... 1 SOME PRIMARY..... 2 COMPLETED PRIMARY.....3 SOME SECONDARY..... 4 COMPLETED SECONDARY...5 MORE THAN SECONDARY...6 DON'T KNOW.....98	What is/was [NAME]'s father employment status? EMPLOYEE.....1 SELF EMPLOYED.....2 PAID FAMILY WORKER.....3 UNPAID FAMILY WORKER...4 UNEMPLOYED.....5 RETIRED.....6 NEVER WORKED.....7 ► Q2.6 DON'T KNOW.....98 ► Q2.6	In what industry does/did [NAME]'s father work? AGRICULTURE, FORESTRY, AND FISHING..... 1 MINING AND QUARRYING.....2 MANUFACTURING.....3 ELECTRICITY, GAS, STEAM, AND AIR CONDITIONING SUPPLY..... 4 WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT, AND REMEDIATION ACTIVITIES..... 5 CONSTRUCTION.....6 WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....7 TRANSPORTATION AND STORAGE..... 8 ACCOMODATION AND FOOD SERVICE ACTIVITIES.....9 INFORMATION AND COMMUNICATION..... 10 FINANCIAL AND INSURANCE ACTIVITIES.....11 REAL ESTATE ACTIVITIES.....12 PROFESSIONAL, SCIENTIFIC, AND TECHNICAL ACTIVITIES.....13 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14 PUBLIC ADMINISTRATION AND DEFENSE; COMPULSORY SOCIAL SECURITY..... 15 EDUCATION.....16 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES.....17 ARTS, ENTERTAINMENT, AND RECREATION.....18 OTHER SERVICE ACTIVITIES.....19 ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES- PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE.....20 ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21 DON'T KNOW..... 98	In what sector does/did [NAME]'s father work? GOVERNMENT..... 1 NGO AND OTHER ORGANIZATION..... 2 PRIVATE..... 3 PRIVATE OWN ACCOUNT/ FAMILY AGRICULTURE..... 4 PRIVATE OWN ACCOUNT/ NON-AGRICULTURE..... 5 DON'T KNOW.....98
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SECTION 3: BIRTH DELIVERY AND BREAST FEEDING				
AGE 0 - 4				
	3.1	3.2	3.3	3.4
I N D I V I D U A L I D	Where was [NAME] delivered?	Who assisted in the delivery of [NAME]?	Has [NAME] ever been breastfed?	When did NAME start breastfeeding after delivery?
	PUBLIC NATIONAL/NATIONAL/ZONAL/SPECIALISED HOSPITAL/TEACHING HOSPITAL..... 1	Health Personnel - Doctor/AMO.....1	YES.....1	IMMEDIATELY (WITHIN ONE HOUR)....1 1 TO 24 HOURS.....2 TWO DAYS OR LATER....3
	PUBLIC REGIONAL REFERRAL HOSPITAL..... 2	Health Personnel - Clinical Officer.....2	NO.....2 ► Q3.8	
	PUBLIC REGIONAL HOSPITAL..... 3	Health Personnel - Ass Clinical Officer.....3	DON'T KNOW..... 98 ► Q3.8	
	PUBLIC DISTRICT HOSPITAL..... 4	Health Personnel - Nurse/Midwife.....4		
	PUBLIC HEALTH CENTRE..... 5	Health Personnel - Ass Nurse.....5		
	PUBLIC DISPENSARY.....6	Health Personnel - Maternal and Child Health (MCH) Aide.....6		
	PUBLIC CLINIC..... 7	Other Person - Community Health Worker.....7		
	PRIVATE REFERRAL..... 8	Other Person - Trained Traditional Birth Attendant (TBA).....8		
	PRIVATE HEALTH CENTRE..... 9	Other Person - Untrained Traditional Birth Attendant (TBA).....9		
	PRIVATE DISPENSARY..... 10	Traditional Healer.....10		
	PRIVATE CLINIC..... 11	Other Person - Relative/Fried.....11		
RELIGIOUS REFERRAL/SPECIALISED HOSPITAL..... 12	Self.....12			
RELIGIOUS HEALTH CENTRE.....13	Other.....13			
RELIGIOUS DISPENSARY..... 14	No One Assisted.....14			
RELIGIOUS REFERRAL HOSPITAL..... 15	DON'T KNOW.....98			
TRADITIONAL HEALER.....16				
HOME.....17 ► Q3.3				
OTHER.....18				
DON'T KNOW..... 98 ► Q3.3				
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SECTION 4: CITIZENSHIP AND MIGRATION								
ALL AGES								
4.1	4.2			4.3	4.4			4.5
What is [NAME]'s citizenship?	In which region and district was [NAME] born?			For how many years has [NAME] lived in this district?	From which district did [NAME] move?			Why did [NAME] move here?
TANZANIA..... 1 OTHER COUNTRY (Specify)...94	WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE 88 IN THE REGION BOX AND LEAVE THE DISTRICT BOX BLANK.			WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE 88 IN THE REGION BOX AND LEAVE THE DISTRICT BOX BLANK. WRITE '00' IF LIVED HERE FOR LESS THAN 1 YEAR WRITE '97' IF LIVED HERE SINCE BIRTH THEN ▶ NEXT SECTION	WORK RELATED.....1 SCHOOL/STUDIES.....2 MARRIAGE.....3 OTHER FAMILY REASONS.....4 BETTER SERVICES/ HOUSING..... 5 LAND/PLOT.....6 OTHER..... 7			
	4.2	4.2.1	4.2.2		4.4.1	4.4.2		
	REGION NAME	REGION CODE	DISTRICT NAME	YEARS	REGION NAME	REGION CODE	DISTRICT NAME	
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SECTION 6: LITERACY		
AGE 14 OR OLDER		
6.1	6.1A	6.2
<p>Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English, or any other language?</p> <p>YES..... 1</p> <p>NO.....2 ► SECTION 7</p>	<p>In which language can [NAME] read and write?</p> <p>KISWAHILI.....1</p> <p>ENGLISH.....2</p> <p>KISWAHILI AND ENGLISH...3</p> <p>OTHER LANGUAGE.....4</p>	<p>Now I would like you to read this sentence to me: (SHOW CARD A IN KISWAHILI ON TOP AND ENGLISH UNDERNEATH).</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: "Can you read any part of the sentence to me?"</p> <p>RESPONDENT FREE TO CHOOSE WHICHEVER LANGUAGE THEY PREFER.</p> <p>KISWAHILI - ABLE TO READ PARTS OF SENTENCE.....1</p> <p>KISWAHILI - ABLE TO READ WHOLE SENTENCE.....2</p> <p>ENGLISH - ABLE TO READ PARTS OF SENTENCE.....3</p> <p>ENGLISH - ABLE TO READ WHOLE SENTENCE.....4</p> <p>BLIND OR VISUALLY IMPAIRED.....5</p> <p>CANNOT READ AT ALL.....6</p> <p>RESPONDENT NOT AVAILABLE AT HOME FOR THE ENTIRE SURVEY PERIOD.....7</p>
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INDIVIDUAL ID

SECTION 7: HEALTH									
ALL AGES				AGE 0 - 4					
7.1	7.2			7.3	7.4	7.5	7.6	7.7	
INDIVIDUAL	Was [NAME] sick or injured during the last two weeks?	What sort of illness/injury did [NAME] suffer from?			What type of food was [NAME] given during diarrhoea?	How much of this food was given compared to normal times?	What type of fluid was [NAME] given during diarrhoea?	How much fluid was given compared to normal times?	Was [NAME] given ORS/ORT packet solution or water, sugar and salt (<i>home preparation</i>) during diarrhoea?
	YES...1 NO...2 ▶ Q7.8	CODE UP TO THREE ANSWERS MALARIA..... A PNEUMONIA..... B HEART DISEASE..... C TUBERCULOSIS (TB)..... D BORN UNDERWEIGHT (I.E. LESS THAN 2.5KG)..... E DIABETIC..... F DIARRHOEA..... G ACCIDENT/INJURY..... H DENTAL..... I SKIN..... J EYE..... K EAR, NOSE, OR THROAT..... L CANCER..... M BLOOD PRESSURE (BP)..... N OTHER, SPECIFY..... O			NOTHING..... 1 ▶ Q7.5 COMMERCIAL INFANT/FOOD /FORMULA/YOGURT..... 2 OTHER SEMI-SOLID FOOD..... 3 FRUITS..... 4 OTHER, SPECI..... 94	MUCH LESS..... 1 SOMEWHAT LESS..... 2 ABOUT THE SAME..... 3 MORE..... 4 DON'T KNOW..... 98	NOTHING..... 1 ▶ Q7.7 BREASTMILK..... 2 PORRIDGE (UJI)..... 3 WATER ALONE..... 4 MILK OTHER THAN BREASTMILK..... 5 OTHER, SPECIFY..94	MUCH LESS..... 1 SOMEWHAT LESS.. 2 ABOUT THE SAME.. 3 MORE..... 4 DON'T KNOW..... 98	NOTHING..... 1 ORS/ORT..... 2 HOME PREPARED SOLUTION..... 3
		1ST	2ND	3RD					
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	2	<input type="text"/>	<input type="text"/>	<input type="text"/>					
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SECTION 7: HEALTH								
ALL AGES								
7.8	7.9			7.10	7.11	7.12	7.13	7.14
Did [NAME] receive advice or treatment or visit a health care provider in the last two weeks? YES..... 1 NO.....2 ► Q7.13 DON'T KNOW...98 ► Q7.13	What health facility did [NAME] attend? CODE UP TO THREE ANSWERS PUBLIC NATIONAL/TEACHING HOSPITAL..... 1 PUBLIC REGIONAL HOSPITAL..... 2 PUBLIC DISTRICT HOSPITAL..... 3 PUBLIC HEALTH CENTRE.....4 PUBLIC DISPENSARY..... 5 PRIVATE HOSPITAL..... 6 PRIVATE HEALTH CENTRE.....7 PRIVATE DISPENSARY.....8 PRIVATE DOCTOR/DENTIST.....9 MISSION HOSPITAL..... 10 MISSION HEALTH CENTRE..... 11 MISSION DISPENSARY..... 12 MISSION REFERRAL HOSPITAL.... 13 TRADITIONAL HEALER..... 14 PHARMACY.....15 OTHER, SPECIFY..... 94			How many visits did [NAME] make in the last two weeks?	Was [NAME] admitted in the health facility? YES..... 1 NO.....2 ► Q7.14 DON'T KNOW.....98 ► Q7.14	How many days was [NAME] admitted? ► Q7.14	Why did [NAME] not use medical care in the last 2 weeks? NO NEED..... 1 TOO EXPENSIVE.....2 TOO FAR.....3 HAD MEDICINE AT HOME.....4 OTHER, SPECIFY... 94	Is [NAME] currently sick or injured? YES..... 1 NO.....2 DONT KNOW....98
	1ST	2ND	3RD	NUMBER OF VISITS		NUMBER OF DAYS		
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SECTION 8A: DISABILITY						
AGE 5 OR OLDER						
8.1	8.2	8.3	8.4	8.5	8.6	8.7
Does [NAME] have difficulty seeing, even if he/she is wearing glasses? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Does [NAME] have difficulty walking or climbing steps? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Does [NAME] have difficulty remembering or concentrating? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting, etc.)? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood? NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE.....2 YES, SOME DIFFICULTY.....3 YES, A LOT OF DIFFICULTY.....4 CANNOT PERFORM...5	Is (NAME) Albino? YES.....1 NO.....2 DON'T KNOW...3
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SECTION 8B: MEMBER'S INDIVIDUAL ASSETS

AGE 5 OR OLDER

8B.9	8B.10	8B.11	8B.12
<p>Do you have insurance cover?</p> <p>OWNED AND PAID FOR BY SOMEONE IN THIS HOUSEHOLD.....1</p> <p>OWNED BY SOMEONE IN THIS HOUSEHOLD MORTGAGED ?</p> <p>(YES...1</p> <p>F NO...2 ► Q8B.11</p> <p>(</p>	<p>Please, tell me which of the following you have?</p> <p>MOTOR VEHICLE INSURANCE.....1</p> <p>HOUSEHOLDS CONTENTS INSURANCE.....2</p> <p>NATIONAL HEALTH INSURANCE FUND.....3</p> <p>TIKA.....4</p> <p>PERSONAL ACCIDENT INSURANCE.....5</p> <p>COMMUNITY HEALTH FUND INSURANCE (CHF)...6</p> <p>LIFE INSURANCE.....7</p> <p>LOAN INSURANCE IN CASE OF DEATH.....8</p> <p>BUILDING INSURANCE.....9</p> <p>EDUCATION POLICY.....10</p> <p>FUNERAL COVER.....11</p> <p>AGRICULTURAL INSURANCE.....12</p> <p>OTHER, SPECIFY94</p>	<p>Which of the following documents do you have in your name?</p> <p>NATIONAL IDENTIFICATION CARD.....1</p> <p>NATIONAL IDENTIFICATION NUMBER.....2</p> <p>VOTER'S IDENTIFICATION CARD.....3</p> <p>TASAF IDENTIFICATION CARD.....4</p> <p>DRIVER'S LICENSE.....5</p> <p>PASSPORT.....6</p> <p>ELECTRICITY/WATER BILL.....7</p> <p>TELEPHONE BILL/MOBILE PHONE BILL.....8</p> <p>BANK/MFI STATEMENT.....9</p> <p>LEASE OR RENTAL AGREEMENT (E.G. VEHICLE OR HOUSE).....10</p> <p>SUBSCRIPTION (E.G. SATELLITE TV).....11</p> <p>TAX IDENTIFICATION NUMBER.....12</p> <p>INSURANCE POLICY.....13</p> <p>PAY SLIP FROM EMPLOYER.....14</p> <p>TITLE DEED.....15</p>	<p>Which one of these providers is the most important for you when it comes for managing your money?</p> <p>BANKS.....1</p> <p>MICRO FINANCE INSTITUTIONS.....2</p> <p>MICRO LENDERS/FORMAL MONEY LENDERS.....3</p> <p>SACCOS.....4</p> <p>MOBILE MONEY AGENTS.....5</p> <p>BANK AGENTS.....6</p> <p>INSURANCE SERVICES.....7</p> <p>PENSION SERVICE.....8</p> <p>FUND MANAGERS (E.G. UTT, COLLECTIVE INVESTMENT SCHEMES ETC).....9</p> <p>SAVINGS GROUP.....10</p> <p>INFORMAL MONEY LENDERS.....11</p> <p>NONE OF THE ABOVE.....12</p> <p>OTHER (SPECIFY).....94</p>
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